South Agreement is entered into between the State Agency and Contractor named below: Property		CHECK HEDE IE ADDITIONAL DA CHE LES ATTE			
1. This Agreement is entered into between the State Agency and Contractor named below: Department of Personnel Administration CONTRACTORS NAME: Managed Health Network (MHN) 2. The term of this Agreement is July 1, 2004 through June 30, 2011 3. The maximum amount of this \$ 25,744,920 Agreement after this amendment is: Twenty five Million, Seven Hundred Forny-Four Thousand, Nine Hundred Twenty Dollars and Zero Cent 4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement S0450001 between the Department of Personnel Administration and Managed Health Network (MHN) reviewed and approved by DGS on July 2, 2004, and amended on September 14, 2006, June 22, 2007, and June 13, 2008, is hereby further amended as attached, exercising an option to extend the contract term one (1) year to June 30, 2011; and to add an additional \$4,500,000.00 to the amount of the existing contract. The contract amount shall not exceed \$25,744,920.00. All other terms and conditions shall remain the same. IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto. CONTRACTOR DATE SIGNED (Do not type) Wanaged Health/Network (MHN) DATE SIGNED (Do not type) A Managed Health/Network (MHN) DATE SIGNED (Do not type) A Managed Health/Network (MHN) DATE SIGNED (Do not type) A Managed Health/Network (MHN) DATE SIGNED (Do not type)		CHECK HERE IF ADDITIONAL PAGES ARE ATTACK	HED Pages	AGREEMENT NUMBER	
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Managed Health Network (MHN) BY (Authorized Signature) DATE SIGNED (Do not type) CHANTED HAME AND TITLE OF PERSON SIGNING Funnel Hefner, President DDRESS 2370 Kerner Boulevard San Rafael, CA 94901	IN W	ITNESS WHEREOF, this Agreement has been e	executed by the parti	es hereto.	
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THE GIGHT STATE OF PERSON SIGNING Tuaned Hefner, President DDRESS 370 Kerner Boulevard Jan Rafael, CA 94901	CONT	CONTRACTOR RACTOR'S NAME (If other than an individual, state whether a co		Dep	artment of General Services
uanel Hefner, President DDRESS 370 Kerner Boulevard an Rafael, CA 94901	CONT Man	CONTRACTOR RACTOR'S NAME (If other than an individual, state whether a coaged Health? Network (MHN)		Dep	artment of General Services
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370 Kerner Boulevard an Rafael, CA 94901	ONT Man Y (Au	CONTRACTOR RACTOR'S NAME (If other than an individual, state whether a coaged Health) Network (MHN) thorized Signature)	orporation, partnership, etc.)	Dep	artment of General Services
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STATE OF CALIFORNIA	CONT Man BY (Au ENUI Uan DDRE 370	CONTRACTOR RACTOR'S NAME (if other than an individual, state whether a control of the control o	orporation, partnership, etc.)	Dep	artment of General Services
STATE OF CALIFORNIA	Man BY (AU EX LUAN UAN DDRE	CONTRACTOR RACTOR'S NAME (if other than an individual, state whether a control of the control o	orporation, partnership, etc.)	Dep	artment of General Services

DATE SIGNED (Do not type)

Exempt per: PCC 10295 (c)(4) Employee Benefit

Department of Personnel Administration

1515 S Street, North Building, Suite 400; Sacramento, CA 95811

PRIVILED NAME AND TITLE OF PERSON SIGNING Debbie Endsley, Director

BY (Authorized Signature)

AGREEMENT SUMMA STD 215 (Rev 4/2002)	ARY	Contraction of the Contraction o		Γ	AGREEMENT	N ER	AME	NDMENT NUMBER	
CHECK HERE IF ADDI	TIONAL PAG	GES ARE ATTAC	CHED		S0450001		4		
 CONTRACTOR'S NAME Managed Health Netw 	vork (MHN)				i	ERAL I 31798	.D. NUMBER	
3. AGENCY TRANSMITTING AG	•	,	4. DIVI	ISION, BURI	EAU, OR OTHE	i		AGENCY BILLING CODE	
Department of Person		tration Benefits				3	1502		
6. NAME AND TELEPHONE NU Kathie Mullen (916) 32	MBER OF CON 24-0432	NTRACT ANALYST	FOR QUE	ESTIONS RE	GARDING THI	S AGREEME	NT		
7. HAS YOUR AGENCY CONTR. NO		HESE SERVICES BI enter prior contracto		Amendm	ent to existir	ng contract	t		
	name and Aş	greement Number)	_						
8. BRIEF DESCRIPTION OF SER	VICES - LIMIT	72 CHARACTERS I	NCLUDIN	NG PUNCTU	ATION AND S	PACES			
MHN shall administer					7.77.4.				
9. AGREEMENT OUTLINE (Incl the Agreement necessary; include This amendment is nece \$4,500,000.00 to the cur	special or unus essary to ex	sual terms and condition tend the term or	ons.)						
Total Contract amount			920.00						
10. PAYMENT TERMS (More than MONTHLY FLAT RATE	one may apply	.) QUARTERLY			ONE -TIME	PAYMENT		PROGRESS PAYMENT	
☐ ITEMIZED INVOICE		☐ WITHHOLD		% 🔲	ADVANCED	PAYMENT 1			
☐ REIMBURSEMENT/REV	'ENUE				\$		or	%	
☐ OTHER (Explain) Co	ontractor sha	ll be paid monthly	premiun	n rates for	all enrolled e	igible emplo	oyees		
11. PROJECTED EXPENDITURES FUND TITLE		ITEM		F.Y.	СНАРТЕ	R STAT	TUTE	PROJECTED EXPENDITURES	
General Fund (Reimbursen	nent) 83	80-501-0995		04/05	171			\$3,140,368.00	
General Fund (Reimbursen	nent) 83	80-501-0995		05/06				\$3,209,552.00	
General Fund (Reimbursen	nent) 83	80-501-0995		06/07				\$3,385,000.00	
General Fund (Reimbursen	nent) 83	80-501-0995		07/08				\$3,810,000.00	
General Fund (Reimbursen	nent) 83	80-501-0995		08/09				\$3,900,000.00	
General Fund (Reimbursen	nent) 838	80-501-0995		09/10				\$4,150,000.00	
General Fund (Reimbursem	nent) 838	80-501-0995		10/11				\$4,150,000.00	
OBJECT CODE 413				l.	AGREEMEN		\$	25,744,920.00	
OPTIONAL USE PCA 54100	Index 541	3			1	CUMBERED BY 0,000.00	THIS D	OCUMENT	
I CERTIFY upon my own personal known are available for the period and	wledge that the	hudgeted funds for th	ie current i	budget year	PRIOR AMOU	NT ENCUMBER	RED FOR	THIS AGREEMENT	
are available for the period and purpose of the expenditure stated above. ACCOUNTING OFFICER'S SIGNATURE				\$ 21,59 DATE SIGNED TOTAL AMOU			94,920.00 INT ENCUMBERED TO DATE		
× 4/2			1/28	1	1	4,920.00	KED IO	DATE	
12. AGREEMENT	From	TERM Through	7	TOTAL COS		BID,	SOLE S	SOURCE, EXEMPT	
Original	07/01/04	06/30/06	\$ 6,34	19,920.00		BID			
Amendment No. 1	07/01/04	06/30/07	\$ 3,30	0,000.00		Ame	endme	ent	
Amendment No. 2	07/01/04	06/30/08	\$ 3,83	35,000.00		Ame	endme	ent	
Amendment No. 3	07/01/04	06/30/10	\$ 8,11	0,000.00		Ame	endme	ent	
Amendment No. 4	07/01/04	06/30/11	\$ 4,50	0,000.00		Ame	endme	ent	
		TOTAL	\$ 25.7	744.920.0	00				

:

STATE OF CALIFORNIA AGREEMENT SUMMARY	1. + "			
STD. 215 (Rev 04/2002)				
13. BIDDING METHOD USED: REQUEST FOR PROPOSAL (RFP) (Attach justification if secondary method)	INVITATION FOR BID (IFB)		USE OF MASTI	ER SERVICE AGREEMENT
SOLE SOURCE CONTRACT (Attach STD. 821)	EXEMPT FROM BIDDING (Give authority for exempt statu.	s)	OTHER (Explain)	Amendment
NOTE: Proof of advertisement in the State STD. 821, Contract Advertising Ex	Contracts Register or an approved form			
14. SUMMARY OF BIDS (List of bidders, bid am	emption Request, must be attached sount and small business status) (If an amena	lment, sole	source, or exempt,	leave blank)
N/A				
15. IF AWARD OF AGREEMENT IS TO OTHER N/A	R THAN THE LOWER BIDDER, PLEASE E	XPLAIN I	REASON(S) (If an	amendment, sole source, or exempt, leave blan
16. WHAT IS THE BASIS FOR DETERMINING	THAT THE PRICE OR RATE IS REASON	ADIES		14
N/A	THE TRICE ON RATE IS REASONA	ADLE		
17. JUSTIFICATION FOR CONTRACTING OUT	(Check one)			
Contracting out is based on cost savings per 19130(a). The State Personnel Board has b Justification:	Government Code 🛛 Contra	cting out is cation for t	justified based on he Agreement is d	Government Code 19130(b). escribed below.
(b)(3) The services contracted are not	available within civil service, car	ınot be ı	performed sat	isfactorily by civil service
employees, or are of such a highly spi	ecialized or technical nature that	the nec	essary expert	knowledge, experience, and ability
are not available through the civil serv 18. FOR AGREEMENTS IN EXCESS OF	·			
\$5,000, HAS THE LETTING OF THE AGREEMENT BEEN REPORTED TO THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING?	19. HAVE CONFLICT OF INTEREST ISS BEEN IDENTIFIED AND RESOLVED REQUIRED BY THE STATE CONTRAMANUAL SECTION 7.10?) AS). FOR CONSUL ANY CONTRA DGS LEGAL (TING AGREEMENTS, DID YOU REVIEW ACTOR EVALUATIONS ON FILE WITH THI DFFICE?
□ NO ☑ YES □ N/A	□ NO ☑ YES □ N/A		□ №	☐ YES ☑ NONE ☐ N/A ON FILE
I. IS A SIGNED COPY OF THE FOLLOWING O CONTRACTOR?	N FILE AT YOUR AGENCY FOR THIS	22	. REQUIRED RE	SOLUTIONS ARE ATTACHED
A. CONTRACTOR CERTIFICATION CLAUS ☐ NO ☑ YES ☐ N/A	SES B. STD. 204, VENDOR DATA RECC	ORD	□ NO	☐ YES ☑ N/A
23. ARE DISABLED VETERANS BUSINESS ENT			plain changes, if a	ny)
□ NO (Explain below)	YES (If YES complete the f	ollowing)		
DISABLED VETERAN BUSINESS ENTERP	RISES: 3 % OF AGREEMEN	TI.		ood faith effort documentation attached if
Explain:				o goal is not reached. The have determined that the contractor has made a
			sin	cere good faith effort to meet the goal.
4. IS THIS A SMALL BUSINESS CERTIFIED BY ☑ NO ☐ YES (Indicate Industry G			SMALL B	USINESS REFERENCE NUMBER
5. IS THIS AGREEMENT (WITH AMENDMENT)	S) FOR A PERIOD OF TIME LONGER TH.	AN ONE Y	— EAR? <i>(If YES, pr</i>	ovide justification)
☐ NO ☐ YES Exercising original contract's option to € 's employees	extend term. The extended lengt	h of the	contract is in	the best interest of the State and
I certify the origin	hat all copies of the referenced A al Agreement sent to the Depart	greeme	nt will confor	rm to
IGNATURE/TITLE		ment of	DATE SIG	
& Nather Mules, Contracts	+ Analyst		DATESIO	1/25/10